

Riverside City

Community Emergency Response Team

Preparing today for tomorrow's emergencies!



Completion of this form does not constitute enrollment.

You will be contacted for confirmation of enrollment prior to start of the class.

APPLICANT INFORMATION PLEASE PRINT NEATLY								
			FIRST			M.I.		
	NAME							
	ADDRESS							
- ADDITEO								
				ZIP				
CITY								
HOME PHONE :				CELL PHONE :				
WORK PHONE :			E-MAIL:					
						Month	Day	Year
	GANIZATION OR MMUNITY GROUP				Birth date			
Feld	ony Convictions	Must be at least 16 yrs. old, under 18 yrs. must have signed consent form from parent						
	Yes* No	or legal guardian						
*Conditional Participation								
COURSE INFORMATION (Check which session you wish to attend)								
X SESSION COURSE TYPE LOCATION DATES AND TIMES								
	NOVEMBER 2014 CLASS	20-Hour Basic	Riverside Cit Emergency Operations Center	Sat. I	NOV 7, 201 NOV 8, 201 NOV 9, 201	4 8:00 am	1 – 5:00) pm

Class Schedule Subject To Change Without Notice

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**Do you require special accommodations for a disability? If so, please describe accommodations requested below:

COURSE FEE: The Course Fee per person is **\$15.00** and must accompany your registration. **Checks should be made payable to "City of Riverside"**. Course fee is not refundable.

MAIL COMPLETED REGISTRATION FORM WITH PAYMENT TO:

City of Riverside Fire Department Office of Emergency Management 3085 St. Lawrence St, Riverside, CA 92504 PHONE (951) 320-8100 FAX (951) 320-8102

Or email: gperez@riversideca.gov http://www.riversideca.gov/readyriverside/cert/